

DERMATOLOGY

PYOGENIC INFECTION

1. *Impetigo Contagiosum*

- **C.A :** Staph aureus / A-B Hemolytic streptococci
- **Diagnosis :**
 - ✓ Gram Stain
 - ✓ Culture & Sensitivity
- **TTT :**
 - ✓ TTT of PDF
 - ✓ Local Topical antibiotics (Fuscidic Acid)
 - ✓ Antiseptic K-Permanganate
 - ✓ Systemic BS Antibiotics (Erythromycin) 5-7 Days

2. *Ecthyma*

- **C.A :** Streptococci (mainly)
- **Iry lesion :** Vesicle with erythematous base & surrounding halo then rupture lead to Dark adherent crust
- **TTT :**
 - ✓ Antibacterial therapy (10-14 Day)
 - ✓ TTT of PDF

3. *Folliculities*

- **C.A :** Staphylococci
- **Iry Lesion :** Pustule (Thin Walled yellowish dome at follicular orifice)
- **TTT :**
 - ✓ Topical (Antibiotics & Antiseptics)
 - ✓ Systemic Antibiotics in disseminated case

4. *Pseudofolliculities Barbe*

- Non Infectious , Inflammatory
- Papule & Pustule

5. *Sycosis Barbe*

- Chronic folliculities (Recurrent)
- **C.A :** Mainly by Staph
- **Iry Lesion :** Papule & Pustule pierced by hair
- **DD :**
 - ✓ Pseudofolliculities Barbe : skin between papule and eryth. Is normal
 - ✓ Tinea Barbe : KOH & +ve culture for fungus
- **TTT :**
 - ✓ Topical antibiotics
 - ✓ Systemic antibiotics for resistant case
 - ✓ Chronic form : Steroids & Antibiotics

6. *Curbuncle*

- **C.A :** Staphylococci
- **TTT :** Surgical drainage & appropriate Antibiotics

7. *Erysipelas :*

- Well demarcated red hot area
- **C.A :** A-B Hemolytic Streptococci
- **Iry lesion :** Vesicles , pustule and bulla
- **DD :**
 - ✓ Angioedema
 - ✓ Acute Eczema
- **TTT :**
 - ✓ Rest & antipyretics
 - ✓ Penicillin

8. *Cellulities*

- Ill Defined indurated , hot , tender skin
- **C.A :** Mainly by Staph
- **TTT :**
 - ✓ Proper antibiotics
 - ✓ Hospitalization of severely ill patients

9. *Erythrasma*

- **C.A :** Corynebacterium Minutissium
- **Lesion :** well demarcated brown eruption
- **Diag. :** Wood's Light (Coral Pink fluorescence)
- **TTT :** Topical Azole & Topical antibiotics

10. *Acute Paronychia :*

- **C.A :** Staph & Strept
- **Lesion :** Pustule
- **TTT :**
 - ✓ Drainage of pus
 - ✓ Systemic antibiotics

MYCOBACTERIUM INFECTION

1. *Lubus Vulgaris:*

- **C.A :** M. Tuberculosis
- **Iry Lesion :** Papulonodule “ Apple Jelly nodule “ which coalesce to form plaque
- **Diag. :**
 - ✓ Diascopy Test (Pressing with galss slide on the lesion ... The yellowish brown nodule appear
 - ✓ T.B investigations: Smear & Staining with modifies Zeil Nislon Stain& Tuberculin test
- **DD :** Discoid Lupus erythematosis
- **TTT :**
 - ✓ INH 300 mg/Day
 - ✓ Rifampcine 450 mg/Day (less than 50 Kg) , 600 mg/Day (more than 50 Kg)
 - ✓ Pyrizinamide

2. Tuberculoid Leprosy (TT)

- **C.A :** M. Leprae
- **1ry Lesion :** Macule (Hypopigmented . Hypohidrotic)
- **Diag. :**
 - ✓ Lepromin Test ... -ve
 - ✓ Histopathological (Linear granuloma following nerve)
 - ✓ Smear (No bacilli)
- **TTT :**
 - ✓ Dapsone 100 mg/Day for 6 months.
 - ✓ Rifampine 600 mg/Month

3. Lepromatous Leprosy

- **1ry lesion :** ill-defined macule
- **Diag. :**
 - ✓ Lepromin Test
 - ✓ Histopathological (Diffuse infiltration of Lepra cells) (Foamy)
 - ✓ Smear (Bacilli)
- **TTT :**
 - ✓ Dapsone 100 mg/Day for 2 years
 - ✓ Clofazimine 50 mg/Day for 2 years
 - ✓ Rifampine 600 mg/Month for 2 years

VIRAL INFECTION :

1. 1ry Herpes Simplex

- **C.A :** Herpes Simples type 1
- **Lesion :** Vesicles (Large & Discrete)
- **DD :**
 - ✓ Impetigo
 - ✓ Herpes Zoster
- **Diag. :** Tzag Smear
- **TTT : Topical**
 - ✓ Gentian violet 2% cream
 - ✓ Acyclovir cream 1st 48 hours

Systemic

- ✓ Acyclovir 200 mg 5 times /5 Days

Recurrent H. Simples

Small grouped vesicles (Crusts)

2. Chicken Pox (Varicella)

- **C.A :** Varicella Zoster virus
- **1ry Lesion :** Polymorphic (Macule, papule, vesicles, pustule)
- **DD :**
 - ✓ Scabies
 - ✓ Papular urticaria

• **TTT :**

✓ **Topical**

Gentian violet 2% paint

Calamine Lotion

✓ **Systemic**

Antihistaminics

Acyclovir Tablet

3. *Herpes Zoster*

• **1ry lesion :** Vesicles

• **DD :** Herpes Simplex

• **TTT :**

✓ **Topical**

Gentian Violet 2% paint

Acyclovir Cream

✓ **Systemic :**

Acyclovir 800 mg 5 Times/ 7- 10 Days

4. *Viral Warts*

C.A : Human Papilloma Virus HPV

A. *Verruca Vulgaris*

Papule (grayish) few millimeters with verrucous surface

B. *Plane Warts*

Papule with flat surface

TTT : cautery

C. *Planter Warts :*

Papule

DD : Callus (crossed by skin creases)

D. *Genital Warts :*

Papule (Peduncled grayish) Cauliflower (Coduloma Acuminata)

DD : Condyloma lata (Smooth , sessile , never bleed)

TTT of warts :

• Chemical Cautery

✓ Glacial Acetic acid

✓ Sialicylic acid 10-60 %

• Electric Cautery

• Cryotherapy

• Topical Keratolytic (Retinoic Acid preparation in plane warts)

5. *Mollusum Contagiosum*

• **C.A :** Pox Virus

• **Lesion :** Papule (Sessile , pearly white ,painless, umblicated in center)

• **TTT :**

✓ Mechanical methods (expressing content of papule and cauterizing base)

✓ Concentrated Phenol Paint

✓ Electric Cautery

PARASITIC INFECTIONS

1. Scabies

C.A : Sarcopetes Scabiei Hominus

1ry Lesion : Pleomorphic (Burrows , papules , vesicels , bulla)

DD :

- Chicken pox (fever , centripetal)
- Allergy
- Insect bites

Diag. : Scraping in 10% KOH (mites and eggs)

TTT :

- Topical :
 - ✓ Sulfer 5-10 % in petroleum
 - ✓ Permethrine 2.5-5%
- Systemic :
 - ✓ Ivermectin
 - ✓ Oral antihistaminics

2. Pediculosis

- **C.A :** Pediculus Humanus
- **Lesion :** Scalp pruritis and may lead to 2ry bacterial infection
- **TTT :**
 - ✓ Systemic antibiotics
 - ✓ Antipediculous (Premethrin , Malathione)
 - ✓ Shaving

FUNGAL INFECTIONS

1. Tinea Capitis

A. Scaly Ring Worm :

- **C.A :**
 - ✓ Trichophyton violaceum
 - ✓ Microsporum Canis
- **Lesion :** Scaly patch with hair cut short
- **DD :**
 - ✓ Alopecia Areata
 - ✓ Impetigo
 - ✓ Seborrheic Dermatitis
- **Diag. :**
 - ✓ Wood's Light : **Green** in Microsporum Canis
 - ✓ M/P under KOH 10-20%
 - ✓ Culture on Sabouraud's agar

B. Black Dot ring worm

- **C.A :** Trichophyton Violaceum
- **Lesion :** Scaly patch & black stumps
- **Diag.** Wood's Light (No fluorescence)

C. Kerion

- **C.A :**
 - ✓ T. Verrucosum
 - ✓ T. Mentagrophytes
- **Lesion :** Multiple painless swelling of scalp
- **DD :Pyogenic Abscess**
 - ✓ Enlarged L.N
 - ✓ Tender & Painfull
 - ✓ Fever
 - ✓ Aspiration (Pus)

D. Favus

- **C.A :** T. Schoenleinii
- **Lesion :** affected hair surrounded by yellowish crust (Sulfer cups or Scutula)
- **DD :** Impetigo , Psoriasis , Alopecia Areata

2. Tinea Circinata (Corporis)

- **Lesion :** Papule (active raised edge) with itching
- **DD :Circinate Impetigo**
 - ✓ Large vesicels
 - ✓ Gummy crusts
 - ✓ No itching
 - ✓ Pityriasis Rosea
 - ✓ Edge not raised
 - ✓ -ve M/P for fungus

3. Tinea Cruris :

- **C.A :**
 - ✓ Trichophyton Rubrum
 - ✓ Epidermophyton Floccosum
- **Lesion :**
 - ✓ Well defined erythematous patch
 - ✓ Raised active edge
- **DD :**
 - ✓ Erythrasma
 - ✓ Intertrigo
 - ✓ Flexural Psoriasis

4. Onchomycosis

- **C.A :** Dermatophytes or Candida
- **DD :**
 - ✓ Psoriasis of nail
 - ✓ Paronychia due to bacterial infection

5. *Tinea Pedis (Macerated Toe Web)*

- **C.A :** Dermatophytes (T. Rubrum), candida , Bacteria
- **Lesion :** Fissuring . peeling , erythema & Whitish membrane

6. *Pityriasis Versicolor*

- **C.A :** Pityrosporum Ovale
- **Iry lesion :** Well defined hyper or hypo-pigmented macules
- **Diag. :** Wood's Light (**Golden yellow** fluorescence)

TTT

- **Systemic :** Griseofulvin 12.5 mg/Kg/Day
- **Topical**
 - ✓ BS antifungal cream (Clotrimazole)
 - ✓ Whitfield Ointment :
 - Sialicylic acid 3
 - Benzoic acid 6
 - Lanolin 10
 - Vaseline 100

7. *Candidial Infection*

- Oral Candidiasis
- Whitish crud like patches (Pseudomembranous)

8. *Napkin Dermatitis*

- Ill defined & Superficial pustules on edge & Satellite lesion
- DD : Contacat Dermatitis

9. *Candidial Intertrigo*

- Well defined erythematous patch & edge festooned & small satellite lesion (Papule & Pustule)

TTT

- **Topical** Clotrimazole
- **Systemic** Itraconazole

ALLERGIC SKIN DISEASES

1. *Contact Dermatitis*

- **Lesion :** Ill defined erythematous patch
- **Diag. :** Patch test

2. *Atopic Dermatitis*

- Infantile phase

TTT of Allergy

- **General**
 - ✓ Antihistaminics
 - ✓ Antibiotics for 2ry bacterial infections
 - ✓ Corticosteroids
- **Local**
 - ✓ **Acute** : K-Permanganate Solutions 1/8000
 - ✓ **Chronic** : Topical Steroids

3. Angioedema

TTT : Adrenaline 1/1000 SC

Antihistaminics
Steroid (Syst.)

4. Erythema Multiforme

- **Lesion** : Erythematous Macules , Papules , Vesicles (Iris or Target Lesion)
- **Causes** :
 - ✓ Drugs (Penicillin or Sulfa)
 - ✓ Viral Infections (Herpes Simplex)
 - ✓ Post-vaccination
- **TTT**
 - ✓ ttt of the cause
 - ✓ Systemic Steroids
 - ✓ Antibiotics for 2ry infections

SWEAT & SEBACEOUS GLAND

Acne Vulgaris

- **C.A** : Propionibacterium acnes
- **Lesion** : Pleomorphic (Comeodones , papules , pustules , nodules)
- **TTT** :
 - ✓ **Topical** :
 - Sulfer 2% in Calamine lotion
 - Antibiotics (Erythromycin)
 - ✓ **Systemic** :
 - Antibiotics (Tetracycline , Doxycycline)
 - Anti-androgenic (Cyproterone acetate)
 - Systemic Retinoids

ERYTHEMATOSQUAMOUS ERUPTION

Psoriasis

- **Lesion :** Well defined papule or Plaque covered by laminated scales
- Flexural Psoriasis (Considerable Itching)
- **Diag.:**
 - ✓ **Grattage Test :** Scraping psoriatic lesion by glass ... Pin point hemorrhage appear (Auspitz Sign)
 - ✓ **Histopatho. :** Parakeratosis , Papillomatosis
- **TTT :**
 - ✓ **Topical**
 - Emollients
 - Keratolytics (Salicylic acid 2.5%)
 - Anthralin
 - Topical steroids
 - Phototherapy
 - PUVA . UVB
 - ✓ **Systemic**
 - Methotrexate
 - Cyclosporin

DISEASES OF THE HAIR

Alopecia Areata

- Scalp lesion is completely normal with no crusts or scales .
- Loss of hair is complete with no hair roots or stumps
- **Clinical Type :**
 - ✓ Patchy type "commonst"
 - ✓ Alopecia totalis
 - ✓ Alopecia universalis
- **TTT :**
 - ✓ **Topical :**
 - Primary local irritants (Tincture Iodine , Tincture Capsicum)
 - Contact allergens (DNCB)
 - Corticosteroids
 - ✓ **Systemic ttt** (Corticosteroids in resistant cases)
 - ✓ **Phototherapy** (UVB & PUVA)

PIGMENTORY DISORDERS OF THE SKIN**1. Vitiligo (Hypopigmentaion)**

- **Lesion :** Well defined macules or patches of variable size “milky or Chalk white “
- Linear Pattern “Koebner Phenomenon “
- **DD :**
 - ✓ **Pityrasis alba :** hypopigmentation , ill-defined macules with slight scaling
 - ✓ **Tuberceloid Leprosy :** In endemic areas , anaesthetic skin
 - ✓ **Post-inflammatory hypopigmentation :** History of psoriasis or eczema in area and not sharply defined
 - ✓ **Pityriasis Versicolor :** fine scales with greenish yellow fluorescence under Wood's light
 - ✓ **Albinism :** AR disease , not functioning melanocyte
- **TTT :**
 - ✓ **Topical :**
 - Potent Steroids
 - Topical PUVA
 - ✓ **Systemic :** Steroids and Immunosuppressive drugs
 - ✓ **Phototherapy:** PUVA Therapy
 - ✓ **Surgical ttt :** Micropigmentation or the use of autografting method.

2. Chloasma “Melasma” (Hyperpigmentation)

- **Lesion :** well demarcated hyperpigmented macules
- **DD :**
 - ✓ Post-inflammatory hyperpigmentation
 - ✓ Actinic Lichen Planus
- **TTT :**
 - ✓ Discontinuation of OCP
 - ✓ Topical remedies that minimizes the melanocytic activity (Hydroquinone)
 - ✓ Chemical Peeling (Trichloroacetic acid)... Resistant cases

قال الرسول - صلى الله عليه و سلم - (خير الناس أنفعهم للناس)

نفسك في صدقة جارية ... نفسك تساعد زميلك فربنا يوفقك ... اشترك في مشروع " معانحو التميز "

لو مجهز ملخصات لأي مادة أو جداول أو محاضرات ... ابعتها على الإيميل

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و بإذن الله ربنا هيباركك في مذاكرتك و يرزقك التوفيق و الإمتياز

(و ما تنفقوا من خير يوفه إليكم)

(الخلق يحال الله فأحبهم إلى الله أنفعهم لعياله)